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September 20, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

Dear Ms. Daniels:

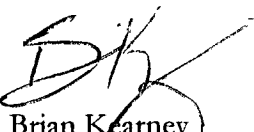
The Downtown Phoenix Partnership is writing in support of adding fruits and vegetables to the new WIC food package that customers are able to use in farmers' markets. Eighteen months ago we partnered with several community groups to begin the Downtown Phoenix Public Market. The Market offers only pesticide free produce and has had huge success in just this short time.

The Market is reaching out to all people to come and shop in downtown. This program addition would be particularly important for lower income community members living in and around downtown because there is no grocery store within our area so finding fresh produce can be difficult.

By adding fruits and vegetable to the WIC food package we believe that will attract even more people to the Market and provide the kind of healthy food critical to children and pregnant women.

Thank you for your consideration.

Sincerely,



Brian Kearney
President and CEO

A consortium of industry, scientists, chefs and Oldways to increase consumption of whole grains to provide better health for all consumers

Officers & Directors

Jeff Dahlberg, Chairman
National Sorghum Producers*
Mike Orlando, Immediate Past Chair
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Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

October 3, 2006

Docket ID 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels,

The Whole Grains Council is a non-profit consumer-advocacy group working with scientists, chefs and industry to promote increased consumption of whole grains for better health.

We support the proposal of USDA/FNS to add whole grains to the WIC program, and applaud FNS for recognizing the health benefits of whole grains. Your organization's proposed rules for Revisions in the WIC Food Packages and the IOM report *WIC Food Package: Time for a Change* represent important first steps toward the goal of increasing whole grain consumption for at-risk women and children.

In the following pages we are offering suggestions for moving to the next step, by

1. Proposing a definition of whole grain that contributes dietarily significant amounts of whole grains, yet is more inclusive of the types of foods that can be easily purchased and will be readily eaten.
2. Suggesting other foods that should be considered for inclusion with those qualifying for use in the WIC program.
3. Urging that the allowance for bread or other grains, for women, be at least equal to that required for children.
4. Expressing concerns about a possible mismatch between voucher amounts and common packaging sizes.
5. Offering the help of the Whole Grains Council and the Whole Grain Stamp in working with local WIC offices to successfully implement the new WIC regulations.

The Whole Grains Council appreciates the opportunity to provide input as FNS works toward final regulations, and we stand ready to meet with your agency, to testify, or to otherwise assist in this process in any way that may be helpful.

Sincerely,



Jeff Dahlberg
Chairman, Whole Grains Council

The Whole Grains Council (WGC) has the following comments on the proposed rules for revision of the WIC food packages:

1. Whole grains should be defined more broadly.

This proposal generally requires that foods qualify for the Whole Grain Health Claim in order to be included, which means that foods must contain at least 51% whole grain by total weight, and the whole grains used must have a fiber content of at least 11%, and certain maximum fat levels.

The Whole Grains Council instead supports a standard of 8 grams of whole grain per serving. 8 grams, equal to half a minimum MyPyramid / Dietary Guidelines serving, represents a dietarily significant amount of whole grain, and would offer more flexibility to WIC offices in carrying out their mission.

We support the 8 gram standard for the following reasons:

A. The IOM Report is Unclear. Although the proposal is based on the IOM report *WIC Food Package: Time for a Change*, the proposal and the IOM report differ in their recommendations for cereal and bread (although they are consistent on the matter of other whole grains):

	IOM Report	WIC Proposal
Cereal Section 4-3 IOM	<p>"Ready-to-eat cereals and hot cereals ... must be <i>whole grain</i> (e.g., a minimum of 51% of the grain in the product must be whole grains) and conform to other specifications (e.g., must be iron-fortified, must not exceed added sugars limitations.)" <i>Section 4-3</i></p> <p>"...contain a minimum of 51% whole grains—a minimum of 51% of the grains in the product must be whole grains—using dietary fiber as the indicator." <i>Table B-1</i></p>	<p>"...cereals must meet labeling requirements for making a health claim as a "whole grain food with moderate fat content... (e.g., must contain a minimum of 51% whole grains)... [and] a minimum of 28mg iron per 100g ... and not more than 21.2g of sucrose and other sugars per 100g of dry cereal." <i>Table 4</i></p>
Bread Section 4-3 IOM	<p>"Bread must conform to FDA standard of identity for whole wheat bread (i.e., a minimum of 51% of the grain in the product must be whole grains). Or Bread must meet labeling requirements for making a health claim as a "whole-grain food with moderate fat content" (i.e., a minimum of 51% of the grain in the product must be whole grains)." <i>Section 4-3</i></p> <p>"...contain a minimum of 51% whole grains—a minimum of 51% of the grains in the product must be whole grains—using dietary fiber as a marker." <i>Table B-1</i></p>	<p>"...any bread that conforms to the ... FDA standard of identity for whole grain bread as defined by 21 CFR 136.180 or that meets labeling requirements for making a health claim as a "whole grain food with moderate fat content"... (e.g., must contain a minimum of 51% whole grains)." <i>Table 4</i></p>
Other whole grains	<p>"Brown rice, bulgur, oatmeal, barley; without added sugars, fats, oils, or salt; ... soft corn or whole wheat tortillas without added fats or oils... Soft corn or whole wheat tortillas without added fats or oils could be allowed." <i>Section 4-3. Table B-1 is virtually identical.</i></p>	<p>"...brown rice, bulgur, oatmeal, and whole-grain barley without added sugars, fats, oils, or salt;... soft corn or whole wheat tortillas without added fats or oils..." <i>Table 4</i></p>

The IOM report, while referring to the FDA whole grain health claim, actually advocates using the FSIS standard, which authorizes as whole grain those foods where *51% of the grain* is whole grain (and at least 8g of whole grain are present). The WIC proposal, in contrast, advocates the FDA health-claim standard, which requires that *51% of the total weight* of the product must be whole grain.

These are two very different standards, with very different implications for the available foods in the WIC program.

For breads, both the IOM report and the WIC proposal send a few additional unclear mixed signals.

- The FDA standard of identity for whole wheat bread (21 CFR 136.180) requires all of the grain in the bread to be whole grain, not 51%, as stated by IOM.
- 21 CFR 136.180 is a standard for whole *wheat* bread, not whole *grain* as stated in the WIC proposal. It does not allow for grains other than wheat to be used. There is no standard of identity for whole *grain* bread.

B. The Whole Grains Health Claim has Severe Limitations for Whole Grain Foods in WIC.

The Whole Grains Council does not recommend that FNS use the standard of the Whole Grain Health Claim. The Whole Grain Health Claim, though ground-breaking at the time it was introduced in 1999, has limitations that would seriously affect the flexibility of WIC. Perpetuating the limitations of this standard by using it as the foundation for additional programs like WIC would be unfortunate for two important reasons:

1. **It discriminates against high-moisture foods.** Requiring 51% of total weight to be whole grain sets an uneven playing field for breads and other moist foods. Since breads usually contain about 40% moisture, the proposed WIC definition mandates that around 51/60 of the dry ingredients be whole grain, for bread – while cereals with a much lower dry-weight proportion of whole grain would qualify.
2. **It discriminates against lower-fiber grains.** The Whole Grain Health claim requires foods to prove that they contain at least 51% whole grain by the presence of a certain level of fiber in the whole grain. This level is set at 11%; therefore, foods must have an overall fiber level of at least 5.6% (51% x 11%) to qualify for the Whole Grain Health Claim.

Grains vary widely in fiber content. Most varieties of wheat have around 12.2% fiber and barley generally has 17% fiber or more. But many popular and healthy grains have *less* than 11% fiber, too. Brown rice has around 3.5% fiber, and corn around 7.3%. [All fiber values from SR 19.]

This means that, in order to qualify for the Whole Grain Health Claim, foods must often contain much more than 51% of their weight as whole grain. For example, a 30g RACC of breakfast cereal would need to have 1.7g of fiber to qualify for the Whole Grain Health Claim. Here are how different grains would stack up:

Grain	Percent fiber in this grain	Grams of grain which produce 1.7g fiber	% of 30g RACC this amount represents
Barley	17.3%	9.8 grams	33%
Wheat	12.2%	13.9 grams	46%
Oats	10.6%	16.0 grams	53%
Corn	7.3%	23.3 grams	78%
Brown Rice	3.5%	48.6 grams	162%

As the table above shows, barley and wheat easily qualify for the Whole Grain Health Claim when they make up 51% of the total weight of a product. Oats can squeak by, if 53% of the

product is oats rather than 51%. A cereal must contain 78% whole cornmeal to qualify for the Health Claim, and brown rice can never qualify, even if 100% of the food's ingredients are brown rice.

In 1999, it was not yet widely accepted that whole grains offer many other health benefits beyond fiber – and that those benefits are also found in lower-fiber grains like corn and rice. Today we know better, and we realize that any standard using fiber as a compliance marker should take into consideration the different fiber levels of each grain.

Rice and corn are widely used grains in the cereal industry, and any standard adopted for WIC should give manufacturers incentive to use whole grain corn and brown rice. The Whole Grain Health claim does not provide that incentive, as it largely rules out the use of corn and rice. Requiring instead that each product contribute a dietarily-significant 8g of whole grain (half a minimum “MyPyramid” serving) treats all grains and all food-types fairly and equally.

C. An Alternate Standard: Half a Serving of Whole Grain. The Whole Grains Council believes that all foods offering at least 8g of whole grain per labeled serving should be considered “whole grain” for the purposes of the WIC program. This means that each food would provide a dietarily-significant amount of whole grain, equal to half a minimum serving under the Dietary Guidelines.

We urge this definition of whole grain, for several reasons.

1. Studies indicating the nutritional benefits of whole grain show that these benefits arise from eating specific amounts of whole grain. To the best of our knowledge, no study has ever shown health benefits from eating foods with a certain percentage of whole grain.
2. Many WIC participants may not be accustomed to the fuller taste of whole grains, and foods that are significantly but not totally made with whole grains are more likely to actually be purchased and eaten. We agree with the Dietary Guidelines Advisory committee report that recommended this approach, saying “mixed grain products are often appealing to consumers who do not choose to eat 100 percent whole grains.”
3. This reality-based approach is consistent with other requirements in the WIC proposal. For example, the WIC proposal does *not* require that participants purchase only skim (no-fat) milk, even though skim milk has all the benefits of other milks and less saturated fat. Instead, the proposal calls for fat-reduced milk (2% or less fat) for older toddlers and mothers – because many people simply will not drink skim milk. Requiring that whole grain foods be made almost entirely with whole grains is like requiring skim milk for everyone.
4. USDA/FSIS has incorporated the 8g standard into its guidance for labeling whole grains. In its October 14, 2005 Interim Policy Guidance, FSIS calls for products labeled whole grain to contain a significant amount of whole grain, and goes on to say, “A significant amount of whole grain would be at least a one-half ounce equivalent of whole grain ingredient, i.e., at least 8 grams of dry whole grain ingredient, per labeled serving and per reference amount customarily consumed.”
5. FDA encourages the use of gram descriptions on whole grain packaging, and the Whole Grains Council's Whole Grain Stamp also uses this approach. Using a threshold of 8g would make it easier for states to determine eligible products, as there is nothing on packaging that tells if a product is 51% whole grain.

While we support the 8g standard, we also support foods with higher whole grain content. The Whole Grains Council recommends that local WIC programs include a range of whole grain food choices in their allowed product lists, from those with 8g of whole grain content per serving to those that are 100% whole grain. This approach will allow WIC participants to start their transition to whole grains at a level that is comfortable and appropriate for them, while allowing for increased acceptance of whole grain flavor and texture over the coming years.

2. A wider range of foods should be allowed, including all commonly-accepted whole grains and whole grain pasta. Reasonable amounts of healthy fats should be allowed in all whole grain foods.

a. Allow all grains. The Whole Grains Council supports the proposed inclusion of brown rice, barley, bulgur and tortillas as alternatives to bread. We also urge the inclusion of all other grains widely recognized as whole grains by the U.S. government and by the American Association of Cereal Chemists, as follows:

All members of the Poaceae (or Gramineous) family including but not limited to:
Wheat and bulgur wheat, including spelt, emmer, faro, einkorn, kamut and durums; rice; barley; corn (including popcorn); rye; oats; millet; sorghum; teff; and triticale.

Pseudocereals normally included as grains:
Buckwheat; amaranth; quinoa; and wild rice.

Although some of these grains are not readily available in supermarkets today, it is important to recognize that WIC regulations are not likely to change again for many years, during which period different grains may grow in prominence, especially as different ethnic populations create demand for them.

b. Include more foods. We also urge the inclusion of whole grain pasta as another nutritious and more available alternative.

Corn and whole grain tortillas are an excellent addition, given that the proportion of Hispanics in the WIC program has grown from 23% to 39% in the twelve years from 1992 to 2004. However, we suggest two modifications in this alternative.

- First, we support the wording "whole grain" tortillas instead of whole wheat, to include tortillas that may also include whole grains other than wheat.
- Second, we urge FNS to examine the availability of "whole wheat tortillas without added fats or oils." Although corn, with its higher inherent level of lipids, can be made into tortillas without adding other fats or oils, it is our observation that virtually all commercial tortillas made with grains other than corn must usually have some added fat. In final rulemaking, we would favor setting fat limits similar to those set for WIC breads and cereals.

c. Allow healthy fats in all whole grain foods. A reasonable amount of healthy fats should also be allowed in grain side dishes. Limitations of saturated fats and trans fats similar to those proposed for breads and cereals should be appropriate, setting a uniform fat standard for all whole grain foods in the WIC food packages.

3. Women should be allowed at least as much bread (or alternatives) as children.

Under this proposal, children would receive 2 pounds of whole grain bread, tortillas or side grains per month. Pregnant and nursing mothers would receive 1 pound of bread, tortillas or side grains per month, while post-partum mothers would receive none. Both mothers and children would receive 36 ounces of whole grain cereal.

We see no reason why adults should get only half the bread of children (or none), when their nutritional needs are greater. Other than juice for non-nursing mothers, all other amounts of all

other foods in the WIC proposal stay the same or increase for women as compared to children. While we are mindful of the need to be cost-neutral, we urge that 2 pounds of bread or alternative also be provided for women.

4. Amounts allowed should harmonize with available package sizes.

Care must be taken to ensure that a wide variety of qualifying foods are available in all supermarkets frequented by WIC participants, even if those markets have limited selection. We are concerned that some amounts in the WIC proposal may not easily correspond to typical package sizes in supermarkets. If sizes don't correspond to allowances, participants will have a limited supply of choices, and may end up with smaller amounts of healthy foods by, for instance, having to use a two-pound bread voucher for a 24 oz. loaf of bread. Bread, in fact, has the biggest potential mismatch problem.

Bread. Most whole grain loaves are heavier than "white bread" loaves. According to figures from Interstate Bakeries, 56% of 100% whole wheat/whole grain loaves are sold in a 24 oz loaf and 26% are sold in a 20 oz loaf. In many markets, a mother may not be able to buy *any* whole grain bread with a one-pound voucher.

Tortillas. Popular brand tortillas come in a variety of package sizes, including 10 pcs./11.5oz, 10 pcs 17.5 oz, 8 pcs/20 oz, 8 pcs/17 oz., 8 pcs/16 oz., 12 pcs/12 oz. We don't see a problem in this category.

Brown Rice. Rice is typically sold in 28 oz sacks or 14 oz boxes. A one-pound limit would restrict WIC participants to the small boxes, which generally cost much more per ounce. (A local market sells 28 oz for \$1.69 and 14 oz. of instant brown rice for \$1.99.)

Oatmeal. Oatmeal is allowed both as a "bread alternative" and as a hot cereal. Rolled oats are almost universally sold in cardboard cylinders of 18 oz or 42 oz. Instant oats (without sugar) are sold in a box of 12 packets weighing 11.8 oz. Oatmeal would be difficult to purchase with the bread allowance, but two 18-oz cylinders would optimize the cereal allowance of 36 oz.

Cereals. RTE cereals come in a many sizes, including 12, 15, 18, 20, and 24 oz boxes. It would be fairly easy to combine sizes and come close to optimizing the 36 oz allowance.

Whole Grain Pasta. Earlier we urged the inclusion of whole grain pasta. Most pasta is sold in 1 pound packages, and would fit easily into a 1- or 2-pound bread-alternative allowance.

5. The Whole Grain Stamp can help make WIC a success.

State WIC offices are faced with an arduous task in determining which whole grain foods can be included on their approved lists. Today, over 800 products use the Whole Grain Stamp to alert consumers that they contain at least a half serving (8g) of whole grain content. Although the Stamp only controls for whole grain content and does not judge other variables like fat or sugar content, it can be an extremely useful time-saver for focusing in on products offering a significant amount of whole grains. The Whole Grains Council's Stamp program can help reduce the burden of local WIC offices as they move forward with the new WIC regulations.

We also believe that, if many of the foods included in the WIC program display the Whole Grain Stamp, WIC participants will become more aware of this increasingly-popular symbol, and may be motivated to look for the Stamp when they are buying breads, cereals and other grain foods with their own money. In this way, the healthy-eating message delivered by the WIC program is multiplied many times over.

We look forward to working with FNS in any way possible to help with the success of the implementation of whole grains into this important program.

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Docket ID Number 0584-AD77, WIC Food Packages Rule
From: Kraus, Margo [margo.kraus@fleishman.com]
Sent: Thursday, October 05, 2006 5:46 PM
To: WICHQ-SFPD
Cc: Timothy O'Connor; Beals, Katherine
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Attachments: USBP WIC response FINAL 10-5-06.doc

Dear Ms. Daniels,

Attached is a response letter for Docket ID Number 0584-AD77 for the WIC Food Packages Rule from the United States Potato Board, located in Denver, Colo.

Best,
Margo Kraus

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Patricia N. Daniels
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3101 Park Center Drive, Room 528
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re: Docket ID Number 0584-AD77
WIC Food Packages Rule

Oct. 5, 2006

Dear Ms. Daniels,

The US Potato Board (USBP) would like to submit comments regarding the proposed revisions for the WIC food packages. The USBP enthusiastically

supports the inclusion of fruits and vegetables among foods allowed in the WIC program, however we contest the exclusion of white potatoes for several reasons which will be elaborated upon below:

- White potatoes contain **key nutrients** currently consumed in inadequate amounts by Americans (e.g., potassium, fiber, and vitamin C)
- White potatoes can be a **bridge to eating other vegetables**
- White potatoes may help to **break down barriers to fruit and vegetable consumption**
- White potatoes are **economical** and their inclusion would maximize WIC program dollars
- White potatoes are recognized, prepared and well-liked by virtually every socioeconomic, cultural and ethnic group; they are **America's favorite vegetable**

White potatoes Contain Key Nutrients

Food consumption data shows that fruits and vegetables contribute the greatest amount of vitamins A, C, potassium, and fiber, nutrients that were singled out in the 2005 Dietary Guidelines for Americans and newly released Food Guidance System as "nutrients of concern" due to the likelihood of inadequate intake among the population (1).

No one vegetable provides all the nutrients required for good health. Each vegetable has a unique nutritional profile that can add to the overall nutrient density of the diet. Thus, it is important that a wide variety of vegetables be consumed daily so as to ensure an adequate intake of all the essential nutrients as well as beneficial non-nutrients (i.e., phytochemicals).

A medium (5.3 oz) white potato eaten with the skin provides 45% of the daily value for vitamin C and is an excellent source of potassium. In fact, white potatoes contain the most potassium per serving of any of the top 20 most frequently consumed fruits and vegetables (2). In addition, white potatoes are a good source of vitamin B6 (10% of the Daily Value) and fiber (3 grams). Moreover, they compare favorably with and complement the nutrient content of other commonly consumed vegetables.

By offering a great variety of fruits and vegetables through the WIC food packages, the intent is to improve the diet quality of participants. According to the WIC report (*WIC Food Packages: Time for a Change*) which guided the development of the current WIC Food Packages proposal, updating WIC food packages was essential to be consistent with the new Dietary Reference Intakes (DRIs). Although many of the recommendations for nutrient intakes for individuals (RDAs) did not change substantially since the WIC food packages were originally formulated, there were at least two that required attention.

1. The RDA for vitamin C was increased from 60 mg to 90 mg for men and 75 mg for women (3). Meeting this revised guideline will

likely prove difficult for most Americans. Indeed, USDA data comparing intake to the old RDA, shows that 37.5 percent of Americans are not reaching this goal (4), which means even more are missing the mark as the RDA for Vitamin C was raised. A single white potato provides 45% of the DV for vitamin C, the same amount as a serving of spinach but more Vitamin C than one medium carrot, (10% DV), tomato (40% DV) or sweet potato (30% DV).

2. The RDA for potassium was increased from 3500 mg to 4700 mg (5). This increase is largely based on convincing evidence of potassium's role in controlling hypertension and preventing stroke (6,7). Research indicates that most American adult women are getting little more than half the recommended amount of potassium, and men's intake is only slightly better (8). A medium white potato provides 720 mg of potassium which ranks it *highest* in potassium among the 20 most frequently consumed raw fruits, the 20 most frequently consumed raw vegetables (2).

Fruits and vegetables qualify as foods having a low energy density (few calories/gram) due to their high water content. A 2006 study on energy density of foods found that people consuming a low-energy dense diet had a higher *quality* diet compared to those on a high-energy density diet (9). It's worthy of noting that individuals consuming the low-energy dense diet in this study were found to be *more likely to eat starchy vegetables* (e.g., nonfried white potatoes, corn, peas, lima beans) *and to consume more of them* than individuals eating a high-energy diet (52% versus 38%, and 122g versus 77g, respectively).

White Potatoes May Provide a Bridge to Eating Other Vegetables

As acknowledged in the previously released report, *WIC Food Packages: Time for a Change*, the single most fundamental recommended change in the revised WIC food packages is *the inclusion of fresh fruits and vegetables in all packages for individuals six months of age and older*. The goal of this change is to increase fruit and vegetable consumption among WIC participants.

According to research by the NPD Group in 2005, 47% of the time a potato is served at home, another vegetable is served as well (10). Fresh potatoes consumed in the home are more likely to be mashed (18.3%), other/specialty (e.g., casseroles) (17.3%) or baked (13.3%).

White potatoes provide the perfect complement to many other vegetables and can serve as a conduit for increasing vegetable consumption. For example, a baked potato topped with broccoli and cauliflower; mashed potatoes mixed with spinach and onions; roasted potatoes with onion, peppers, and mushrooms; or a tuna Nicoise salad with green beans, potatoes and lettuce each provide at least 3 servings of vegetables. These examples encourage healthy eating while building on existing eating patterns.

White Potatoes May Help to Break Down Barriers to Fruit and Vegetable Consumption

Previous research has investigated barriers to fruit and vegetable consumption among low-income families (11). Several barriers noted would be easily eliminated with the inclusions of white potatoes in WIC food packages:

Perceived barrier	White potatoes offer solutions
<ul style="list-style-type: none"> • Hard to get good quality fresh produce in rural areas, especially in winter 	<ul style="list-style-type: none"> ➤ Potatoes are available everywhere, all year long
<ul style="list-style-type: none"> • Concerned about appropriate quantity to buy so food can be used before quality deteriorates 	<ul style="list-style-type: none"> ➤ Potatoes come in individual servings or can be easily divided and shared
<ul style="list-style-type: none"> • Have limited storage space for fresh produce 	<ul style="list-style-type: none"> ➤ Bagged or loose potatoes allow for choice in quantity ➤ Potatoes have a long shelf life (i.e., they don't spoil easily nor do they require refrigeration)
<ul style="list-style-type: none"> • Don't know how to fix vegetables in ways that taste good or in new ways 	<ul style="list-style-type: none"> ➤ Potatoes are familiar and can easily be "made over" in ways that introduce other vegetables (broccoli, tomatoes or mushrooms/onions atop a baked potato) ➤ Potatoes are an integral part of almost every ethnic cuisine
<ul style="list-style-type: none"> • Children will only eat certain things 	<ul style="list-style-type: none"> ➤ Potatoes are versatile and can be served a number of healthful ways that appeal to kids (mashed, oven-baked fries, in soups and stews)
<ul style="list-style-type: none"> • Childhood memories of being forced to eat vegetables 	<ul style="list-style-type: none"> ➤ Children like potatoes in their many forms ➤ Potatoes can encourage children to eat another vegetable (e.g., using mashed potatoes to pick up peas, carrots or corn; "hiding" spinach underneath mashed potatoes)
<ul style="list-style-type: none"> • Difficult to change habits; 	<ul style="list-style-type: none"> ➤ Potatoes are an integral part

easier to follow old food patterns	of almost every ethnic cuisine ➤ Potatoes can be eaten at breakfast, lunch or dinner
<ul style="list-style-type: none"> • Difficult to please all family members because of individual preferences 	➤ Potatoes can be eaten by infants just starting table food, served as baked strips for children, or otherwise easily altered to please every palate (e.g., mashed with low-fat yogurt or sour cream, whipped with garlic, topped with salsa, etc.)

Economical

White potatoes are one of the best nutrition bargains in the produce aisle.

USPB data from 2004 show that the average retail cost for loose or white bagged potatoes were just \$0.37 per pound. While similar data on the cost of produce items isn't available in the U.S., French research showed that potatoes have the *lowest* energy cost (cost per calorie) of any of the fruits and vegetables studied (12). (Note that pulses and nuts were lower, however these foods do not classify as vegetables in the U.S.).

Researchers of the same energy density study discussed previously concluded that consuming a low-energy dense diet, one that included starchy vegetables like potatoes, was associated with lower energy (calorie) intake even though *more* food was consumed (9). This could have implications for WIC participants. The inclusion of low energy-dense foods like potatoes may effectively lower overall caloric intake and therefore likelihood for overweight and obesity. At the same time, a low energy dense diet would give WIC participants the opportunity to eat *more* food. In essence, including potatoes in WIC food packaging could extend the use WIC food dollars.

As acknowledged in the WIC report, *WIC Food Packages: Time for a Change*, "The food supply and dietary patterns have changed." Although a wider variety of fresh produce is now available year-around at larger supermarkets, the committee report acknowledges that most vendors in low-income neighborhoods are small, independent, grocery outlets and convenience-type establishments that stock fewer selections and less fresh produce. Excluding white potatoes as a choice in this situation will likely result in WIC participants choosing less fresh produce (and more processed options).

The committee report further acknowledges their intent was to design a WIC food package that would serve as an incentive for participation in the WIC program.

Thus, to encourage WIC participation, it would seem prudent to include rather than exclude those foods, such as white potatoes, that are highly desirable to the potential participants.

Potatoes are America's Favorite Vegetable

As acknowledged in *WIC Food Packages: Time for a Change*, potatoes are a "core food" for many WIC eligible participants. White potatoes are familiar and widely accepted across cultures (13, 14). If a primary goal is to encourage WIC participants to consume more vegetables, clearly the one they prefer to consume the most of all should be included. Including white potatoes sends a positive message to WIC participants as it reinforces current dietary patterns.

Thank you for your time and consideration. Please contact us if you'd like to discuss further.

Sincerely,



Tim O'Connor,
President and CEO
Potato Board
United States Potato Board
(303) 873-2320



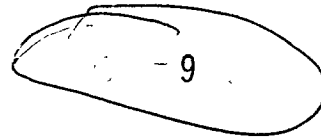
Katherine Beals, PhD, RD, FACSM
Consultant to the United States

Fleishman-Hillard, Inc.
(801) 581-5417

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October 9, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

I-34/

Re: Comments on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages

Dear Ms. Daniels,

Mead Johnson Nutritionals (MJN) appreciates the opportunity to comment on the Proposed Rule for revisions to regulations governing the WIC Food Packages. MJN is the leading national and international manufacturer of infant formula and has been a participant in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) since its inception.

MJN wishes to congratulate the Food and Nutrition Service (FNS) for the work it has done to incorporate the best nutrition science into the content of the Food Packages that it proposes to make available to mothers, infants and children through this vital program. We wholeheartedly support FNS in this endeavor and look forward to working with FNS and the U.S. Department of Agriculture (USDA) in the timely implementation of these important changes.

Support for FNS' Implementation of the IOM Recommendations

MJN is very pleased that FNS has followed so closely the recommendations of the Institute of Medicine (IOM) for revisions to the WIC Food Packages. The 2005 Dietary Guidelines for Americans, the current infant feeding practice guidelines of the American Academy of Pediatrics (AAP), and numerous other scientific studies cited by the IOM in its report provide an excellent scientific foundation for these proposed changes. The Advanced Notice of Proposed Rulemaking (ANPR) issued by FNS on September 15, 2003, and the public hearings and comment process used by the IOM expert panel, provided all stakeholders the opportunity for input on the proposed revisions. That process should produce strong support for implementation of the IOM recommendations as called for in the Proposed Rule, which holds the potential to significantly improve nutrition and healthy food choices among WIC participants.

MJN acknowledges that FNS needed to make some adjustment to the IOM recommendations in order to achieve cost neutrality – specifically, by removing yogurt as a milk substitute in Food Packages IV-VII and reducing the dollar amounts of fruit and vegetable vouchers. MJN believes that the criteria that FNS used to make these cost-neutral adjustments are sound. Should FNS consider alternative mechanisms of achieving cost neutrality, we hope that the decision will be based on these same criteria, namely, relative cost, nutritional impact; and the overall context of the IOM recommendations.

Support for Incentives to Breastfeed

MJN also supports the incentives to breastfeed that are built into the Proposed Rule. These recommendations are consistent with the efforts that MJN makes to promote breastfeeding as the best feeding option, including our provision of materials from *The Nursing Mother's Companion* by Kathleen Huggins to many mothers who have just delivered. Although not covered under the WIC program, MJN also markets Expecta[®] LIPIL[®], a dietary supplement for pregnant and nursing mothers that helps them meet the recommended intake of DHA and brings a significantly higher level of DHA in breast milk, and is associated with higher blood levels of DHA in their breastfed infants and improved psychomotor development and cognitive performance in those children at ages 2 ½ and 5 respectively.

MJN believes that the proposal to ask mothers to choose a feeding option for the first month of the infant's life, together with breastfeeding education and support, will encourage more WIC mothers to initiate breastfeeding, avoid supplementation, and continue breastfeeding. MJN also supports FNS' proposal to revise Food Packages V, VI, and VII to meet the nutritional needs of WIC mothers and to encourage breastfeeding.

FNS notes that successful implementation of its efforts to promote breastfeeding also may require enhanced nutrition education, peer counseling, and referral activities. MJN supports FNS' efforts in all three of these areas.

The Importance of Innovation in Infant Formula

MJN is committed to providing the same quality product to participants in the WIC program that it brings to non-WIC infants. Enfamil[®] LIPIL[®] infant formula, launched in early 2002, was the first infant formula product with amounts of the long-chain polyunsaturated fatty acids DHA and ARA equal to the worldwide average levels of those nutrients in breast milk. Enfamil LIPIL with these ingredients has been clinically demonstrated to be associated with better visual acuity in infants at 12 months and higher scores on various developmental assessments at 18 months compared to infants fed the same formula without these ingredients. MJN is currently conducting scientific research that will further enhance the composition of infant formula to more approximate breast milk, so that mothers who choose to use infant formula rather than breastfeed will be able to provide the best available alternative for their infants.

Early in the history of the WIC program, infant formula was a fairly undifferentiated product, which was largely viewed as a commodity. During the past decade, however, breakthroughs in research have led to the differentiation of infant formula and the development of innovative products reflecting these scientific advancements. We are pleased that all states now recognize the value of such enhancements and look forward to bringing new innovations in infant formula to the WIC program.

Timing of Implementation of Changes in the WIC Food Packages

The Proposed Rule calls for a one-year implementation timeframe for most of the revisions to the Food Packages. However, it would delay full implementation of the Food Packages for Partially Breastfed Infants and Partially Breastfeeding Women, which are designed to encourage breastfeeding. The rationale for this delay is that FNS has the authority to conduct a limited application option prior to full scale implementation, and that the IOM recommended that these changes were so significant as to warrant pilot testing prior to full implementation.

FNS has requested comments on its plans to conduct a limited application in only eight states, with two test sites and two comparison sites. In response, MJN recommends that FNS implement the proposed revisions in these two Food Packages with a simultaneous evaluation of the impact of these revisions nationwide. The Proposed Rule is silent as to the timeframe for this demonstration. In FNS' Proposed Timelines for Implementation of Food Packages Changes (71 Fed. Reg. 44808-9), selected sites will have the authority to issue these two revised Food Packages for no more than three years. However, the Regulatory Impact Analysis notes that the timeframe for the pilot project is "indefinite." 71 Fed. Reg. 44845-6. The Preamble notes that the USDA will determine when all State agencies can implement the revisions to these two Food Packages only after the Department has had an opportunity to examine the effects of the two revised Food Packages on the initiation and duration of breastfeeding in these sites. 71 Fed. Reg. 44808.

There are compelling scientific, public policy, and administrative reasons for implementing all revisions to the Food Packages within the one-year implementation period generally planned under the Proposed Rule. First, the IOM recommendations and the Preamble to the Proposed Rule note the importance of bringing the best nutrition science to the WIC program, in order to revise current Food Packages that were based on now outdated research from the 1980s. MJN believes that the best available nutrition science should serve as the foundation for all of the proposed revisions in the Food Packages, and it should not be withheld from infants in the remaining 42 states and territories during the period of the proposed demonstrations.

Second, MJN supports FNS' proposals to encourage breastfeeding among WIC mothers, and we believe that the delay in full implementation of the two Food Packages will hinder efforts to increase the rate of breastfeeding among WIC mothers. Currently,

the percentage of mothers in the WIC program who breastfeed is approximately 20 percent lower than non-WIC mothers. If these revisions to the WIC program are delayed indefinitely, it is likely that this differential incidence of breastfeeding will persist and may increase.

Third, federal and local health and nutrition programs are often implemented and evaluated at the same time. Rather than the test site and comparison site methodology currently proposed, FNS could elect to implement the revisions to the Food Packages for Partially Breastfed Infants and Partially Breastfeeding Women at the same time as other revisions in the Food Packages, while still conducting an evaluation of the program by comparing pre-revision rates of breastfeeding initiation and duration in each state to post-revision rates. In that way, FNS can collect data comparing pre- and post-revision breastfeeding rates during the first full year of implementation of the revisions to the WIC Food Packages, which can be reported to Congress as it engages in the 2008 WIC reauthorization process. These data will provide valuable information on the nationwide impact of the revised Food Packages and can more properly reflect the impact of the revisions among diverse segments of the WIC population. If the revisions do not have their optimal effect, FNS will also have data to support its recommendations for further enhancements to the WIC program to support breastfeeding.

Finally, it makes more administrative sense for WIC programs to implement all revisions to the WIC Food Packages at once, rather than piecemeal. A one-step process will enable FNS and state WIC directors to efficiently implement changes to administrative policies and procedures, as well as data and accounting systems. Most importantly, WIC programs will be able to fully explain the rationale for changes in the Food Packages to all participants at the same time, rather than relying on a more confusing, staged process.

The Need for Nutrition Education to Support Changes in the WIC Food Packages

While the Preamble to the Proposed Rule notes the role of nutrition education in the WIC program, the Proposed Rule itself does not expressly provide for increases in the amount or changes in the content of nutrition education to support the proposed revisions in the WIC Food Packages. This is problematic, particularly in light of the IOM finding that the average WIC participant receives less than 20 minutes of nutrition education every six months. Therefore, MJN respectfully suggests that FNS address improvements in nutrition education to complement the proposed revisions in the WIC Food Packages.

The number of WIC infants has increased by 14 percent over the past ten years, and FNS projects that the WIC program will increase to more than nine million participants by Fiscal Year 2011 (71 Fed. Reg. 44854, Table D). In addition, the socio-demographic composition of the WIC population is changing. Currently, 48 percent (almost half) of all infants in the U.S. participate in WIC, and 39 percent of WIC participants are Hispanic. In determining how to explain the proposed revisions in the WIC program to WIC mothers, FNS also should consider the language and cultural diversity of WIC participants.

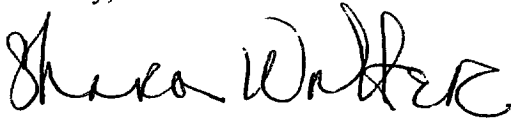
MJN urges FNS to expressly provide for expanded nutrition education through programs with a content that reflects the work of the IOM. Further, nutrition education programs should clearly explain the benefits of the revised Food Packages, their nutritional basis, and the need to incorporate healthy eating habits in the selection of non-WIC foods that families consume.

Conclusion

MJN supports FNS' proposed revisions in the WIC Food Packages and the incentives for breastfeeding that are built into these changes. MJN encourages FNS to reconsider its proposal to stage the implementation of these revisions by a limited application for the Food Packages for Partially Breastfed Infants and Partially Breastfeeding Women and instead to implement all revisions nationwide within a one-year period, while simultaneously conducting a pre- and post-revision evaluation of the impact of changes in these two Food Packages on increases in breastfeeding initiation and duration. Finally, MJN believes that regulations increasing the amount and revising the content of nutrition education are fully compatible with the Proposed Rule and would provide additional benefits to WIC participants as these very important revisions are implemented.

MJN appreciates the opportunity to comment on the Proposed Rule and looks forward to working with FNS and WIC Directors in implementing the proposed revisions to the WIC Food Packages. If you have any questions on any of our comments, please contact me at sharon.walker@bms.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Walker", with a stylized, cursive script.

Sharon Walker
Director of Nutritional Policy and WIC
Mead Johnson Nutritionals

I-36

From: Kathy Means [KMeans@pma.com]
Sent: Friday, October 06, 2006 3:58 PM
To: WICHQ-SFPD
Subject: Comments on WIC, Docket ID Number 0584-AD77

Attachments: WIC comments from PMA 10 06.doc

The Produce Marketing Association's comments on the USDA WIC proposal are attached and pasted in below.

October 6, 2006

To: WICHQ-SFPD@fns.usda.gov

Re: Docket ID Number 0584-AD77

Kathy Means, CAE
Vice President of Government Relations
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October 6, 2006

To: WICHQ-SFPD@fns.usda.gov
Re: Docket ID Number 0584-AD77

The Produce Marketing Association (PMA) is pleased to submit these comments to the U.S. Department of Agriculture regarding the agency's proposed rule for "Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages."

PMA is the largest global not-for-profit trade association representing companies that market fresh fruits and vegetables. Our 2,100 members range from grower-shippers and supermarket retailers, to hotel and restaurant chains and overseas importers. Within the United States, PMA members handle more than 90% of fresh produce sold at the consumer level.

PMA's purpose is to sustain and enhance an environment that advances the marketing of produce and related products and services. The association is funded primarily by members' dues, revenues from exhibits, product sales, and meeting registrations.

Like USDA, PMA and its members believe all Americans, including those most vulnerable, deserve a healthful diet. We commend you on the WIC proposal that incorporates many recommendations from the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change," principles from the *2005 Dietary Guidelines for Americans*, and a strong complement of fresh fruits and vegetables.

We would like to recommend some enhancements to this strong proposal:

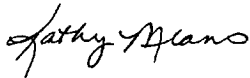
1. Increase the cash-value voucher for fruits and vegetables to \$10 a month for mothers and \$8 a month for children as was recommended in the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change." These amounts will help recipients get at least one more serving of fruits or vegetables each day – an important objective of the IOM. Many WIC participants (and most Americans) eat less than one-half of the fruits and vegetables recommended in the *2005 Dietary Guidelines for Americans*; WIC can play an important role in helping Americans meet these guidelines. We are not in danger of overconsumption of fresh fruits and vegetables; rather we are in danger from obesity and chronic illness that increased consumption of fresh fruits and vegetables can mitigate.
2. Include all fresh fruits and vegetables in the program. This provides a full range of nutritious choices as well as cultural/personal flexibility for recipients. To provide flexibility, we also recommend that WIC state agencies not be allowed to restrict or limit choice of fruits and vegetables eligible for purchase with the cash-value vouchers and that they provide a wide selection of nutritious fruits and vegetables for WIC recipients.

WIC pilot projects in California and New York showed that WIC mothers will buy a wide variety of nutrient-dense fruits and vegetables when given a voucher specifically for fruits and vegetables. In addition, these projects demonstrated that WIC mothers valued these vouchers, demonstrated by a 90% redemption rate.

3. Urge state/local WIC agencies to use their nutrition education activities to emphasize increased consumption of fresh fruits and vegetables.

Specifically, education should include information on: why it is important to eat a variety of fruits and vegetables every day; how to select fruits and vegetables that are nutrient dense, best seasonal buys, most economical, and convenient; preparation tips and recipes; and food safety tips (which can be found at www.fightbac.org, specifically at <http://www.fightbac.org/content/view/102/10/>).

Again, we applaud USDA for this proposal that so clearly advances a strong nutrition platform for WIC recipients. We look forward to working with you to make this a reality as soon as possible. Please call on us at any time we can be of service to you.



Kathy Means
Vice President of Government Relations
Produce Marketing Association

Docket ID Number 0584-AD77, WIC Food Packages Rule
From: Kathy Wiemer [Kathy.Wiemer@genmills.com]
Sent: Monday, October 09, 2006 3:11 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Attachments: GMI Comments Proposed Rules WIC Cereal Oct 9.pdf

Dear Ms. Daniels: Attached please find the comments from General Mills that address the proposed changes to Breakfast Cereal portion of the WIC Food Package. We will be addressing the other food categories in the proposed WIC Food Package in separate comments that will be filed prior to the November 6 deadline.

Please feel free to contact me if you have any questions concerning the attached comments. We hope you will find our comments useful as you develop the final rule concerning cereals in the WIC Food Package.

Best Regards,

Kathryn L. Wiemer, MS, RD
Senior Manager
General Mills Bell Institute of Health & Nutrition
9000 Plymouth Ave. N.
Minneapolis, MN 55427
763/764-4647
kathy.wiemer@genmills.com

October 9, 2006

Patricia N. Daniels
Director, Supplemental Foods Program Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

Re: [RIN 0584-AD77] Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages
71 Federal Register 44784, August 7, 2006

Dear Ms. Daniels:

General Mills Inc. is pleased to submit these comments regarding USDA Proposed Rule for the WIC Food Packages. General Mills is a Delaware Corporation headquartered at No. 1 General Mills Boulevard, Minneapolis, Minnesota 55426. General Mills is a major packaged-food manufacturer engaged for over 75 years in the development and production of food products including flour, ready-to-eat (cold) cereal, vegetables, soup, yogurt, soymilk, snacks and numerous other products.

General Mills supports the goals of the WIC Program in several ways. We offer 16 cereals that meet Federal requirements for use in the current program. In addition, we support nutrition education by providing complimentary nutrition education materials that are available for distribution in WIC clinics. Last year we provided over 1.5 million educational brochures, pamphlets, and other materials at the request of WIC clinics. General Mills also underwrites WIC educator meetings and other nutrition programs.

The following comments are part of a series of comments General Mills will submit during the public comment period. **This set of comments will focus on cereal as part of the WIC Food Package.**

Executive Summary - Breakfast Cereal

General Mills applauds the WIC Program's achievement as one of the most successful federally-funded nutrition programs in the United States. We believe the program should continue to be a supplemental food program by offering nutritionally-dense foods WIC participants want to eat. We also support the enhancement of the WIC food package to better serve WIC participants and to better align with the *Dietary Guidelines*.

Related directly to the cereal category in the WIC food package, General Mills:

- Supports maintaining 36 ounces of iron fortified cereal containing a minimum 28mg of iron and no more than 21.2g of sucrose and other sugars (total sugars) per 100g of dry cereal.
- Supports the "breakfast cereal" nomenclature as a means of simplification.
- Supports the establishment of whole grain as a required component of all WIC eligible breakfast cereals.
- Does not support the proposed 51% whole grain requirement as it is overly restrictive and has the unintended consequence of severely limiting cereal variety.

- Recommends an alternative whole grain requirement solution of at least 8g per serving. This 8g whole grain level is consistent with the *Dietary Guidelines* and dietarily significant, doubles the number of eligible cereals from the proposed requirement, including the reinstatement of corn and rice-based cereals, and is a technologically feasible level for manufacturers to develop products.

General Mills does not support whole grain approaches which would yield a status quo result by creating exemptions within the breakfast cereal category. We feel strongly that creating exemptions to a whole grain or any other nutrition requirement goes against the intent of the WIC program, is inconsistent with the *Dietary Guidelines* and confusing to WIC participants. Importantly, exemptions resulting in status quo do little or nothing to improve the whole grain consumption of WIC participants.

The recommended solution of setting the whole grain requirement at a minimum of 8g per serving provides a dietarily significant level of whole grain, is consistent with the *Dietary Guidelines*, ensures grain variety by including corn, rice, wheat and oats, and addresses a significant concern that a whole grain requirement should provide adequate cereal variety and choice for participants.

Cereal in the WIC Food Package

General Mills fully supports the recommendation that 36 oz. of iron-fortified cereal containing a minimum of 28mg of iron and no more than 21.2g of sucrose and other sugars (labeled as total sugars) per 100g of dry cereal remain a key part of the WIC food package. This is supported by and consistent with the *Dietary Guidelines* recommendations. General Mills also strongly endorses the adoption of an appropriate whole grain requirement for all WIC-eligible breakfast cereals consistent with the *Dietary Guidelines*.

I. Nomenclature

General Mills agrees with the proposed rule to adopt the term “breakfast cereal” as a substitute for the terms “cereal (hot or cold)” and “adult cereal (hot or cold)”. “Breakfast cereal” is a term widely understood by consumers, including WIC participants. Most consumers first decide what to eat for breakfast (e.g., cereal) and then what type of cereal they want (e.g., cold, hot, plain, sweet).⁽¹⁾ Importantly, many cereals cannot be categorized as either “child” or “adult”. For example, Cheerios® is well known as a toddler’s first finger food, but also as a cereal that adults eat to help lower blood cholesterol.

II. General Mills supports USDA’s recommendation to establish a whole grain requirement for all WIC-eligible breakfast cereals

We applaud USDA for taking the groundbreaking step of including a whole grain requirement for WIC-eligible breakfast cereals. However, the proposed requirement of a minimum of 51% whole grain by weight is overly restrictive and will have the unintended consequence of compromising the ability of the program to achieve its goal of enhanced nutrition for all its participants.

As an alternative solution, General Mills recommends all WIC-eligible breakfast cereals contain a minimum requirement of 8g of whole grain per serving. This solution of 8g of whole grain is also applicable in the newly proposed Whole Wheat Bread or Other Whole Grains category by

⁽¹⁾ Cheerios is a registered trademark of General Mills, Inc.

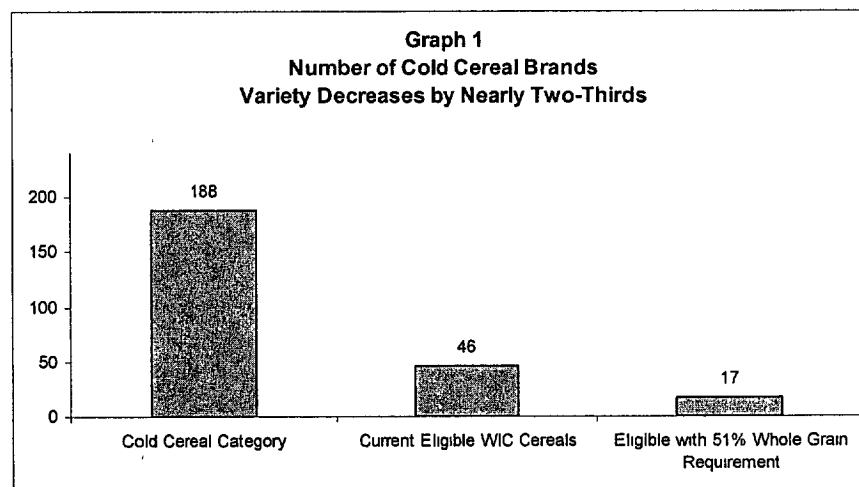
providing a meaningful amount of whole grains in foods of differing characteristics and serving sizes such as whole grain breads and tortillas.

A minimum of 8g of whole grain provides a food prescription consistent with the *Dietary Guidelines*. In addition, countless other health organizations also recommend the consumption of whole grains.⁽²⁻⁶⁾ An 8g minimum whole grain requirement will help WIC participants achieve the daily goal of at least three servings of whole grain without overconsuming calories.

A. Proposed 51% whole grain requirement by weight severely limits choice

A minimum of 51% whole grain by weight is an overly restrictive requirement and severely limits choice for participants, especially for children, by significantly decreasing variety. Cold cereal accounts for the vast majority (88%) of purchases within the breakfast cereal category and almost 200 cold cereal brands exist to meet consumer demand for variety.⁽⁷⁾ Adding a 51% whole grain requirement to breakfast cereals would decrease branded variety by nearly two-thirds. Only 17 branded cold cereals would remain eligible (Graph 1), with many well-liked and child-friendly cereals eliminated.

This requirement would also restrict grain variety by eliminating all rice and corn-based cereal products. None of the 17 cereals that would remain eligible with a 51% whole grain requirement are rice or corn-based products. This creates concern that the cereal package will not appeal to WIC participants of all ethnic and cultural backgrounds.



B. A minimum of 8 grams of whole grain requirement is a workable solution consistent with the WIC mission and goals

Our recommendation to institute an 8g minimum of whole grain per serving as a requirement for all breakfast cereals is supported by five significant points. A required minimum of 8g of whole grain per serving:

- 1) is consistent with the *Dietary Guidelines*;
- 2) is dietarily significant;
- 3) ensures cereal variety for WIC moms and children;
- 4) is technologically feasible for cereal manufacturers; and
- 5) allows states greater flexibility to meet their participant and budget needs.

1. Eight grams of whole grain is consistent with the *Dietary Guidelines*

The *Dietary Guidelines* and My Pyramid recommend individuals choose at least three (3) servings of whole grain foods daily from the recommended 6-11 grain foods daily. This equates to at least 48g of whole grain per day.¹ Given that the *Dietary Guidelines* suggest consumers eat at least six servings of grain foods daily, they can achieve the 48g whole grain intake by choosing foods that contain a minimum of 8g (8g x 6 servings = 48g). Thus, a cereal product containing at least 8g of whole grain per serving is consistent with the *Dietary Guidelines*.

In addition, recent scientific studies also link the consumption of at least 43 to 50 grams of whole grain daily with health benefits, including decreased risk of chronic diseases and weight management. These studies are addressed in the Appendix to this letter.

2. Eight grams of whole grain per serving is dietarily significant

The USDA's Food Safety and Inspection Service (FSIS) adopted 8g as a meaningful amount of whole grains for foods under their jurisdiction. To make a label claim about whole grain content, FSIS's interim guidance requires that the product contain at least 8g of dry whole grain per labeled serving and RACC and specifically defines 8g as a "significant amount".⁽⁸⁾ Recently, FSIS took an additional important action in support of the 8g whole grain level by recognizing and allowing the Whole Grain Council's *Whole Grain Stamp*ⁱⁱ on labels for USDA regulated foods. Products qualifying for the Whole Grain Council Stamp must contain a minimum of 8g of whole grains per serving.

Whole grain products that contain at least 8g of whole grain per serving will contribute significant nutritive benefits to WIC clients while maintaining a reasonable level of caloric consumption. Specific to the current WIC cold cereal category, this recommendation also contributes the same amount of fiber as a 51% whole grain requirement.ⁱⁱⁱ

Thus, implementation of this recommendation would promote the consumption of whole grain products in a manner consistent with good dietary practices and allow participants the opportunity to attain their daily recommended servings of grain and whole grains.

3. Eight grams of whole grain ensure cereal variety for WIC moms and children

Creating a standard of 8g of whole grain per serving would nearly double the amount of cereal varieties under the current definition of "cold cereal" compared to the proposed 51% whole grain requirement, which would decrease variety by almost two-thirds, leaving only 17 branded products eligible. An 8g whole grain standard would allow at least 33 current products from which participants may choose (Graph 2). Among the cereals that would remain eligible for the WIC program at the 8g level

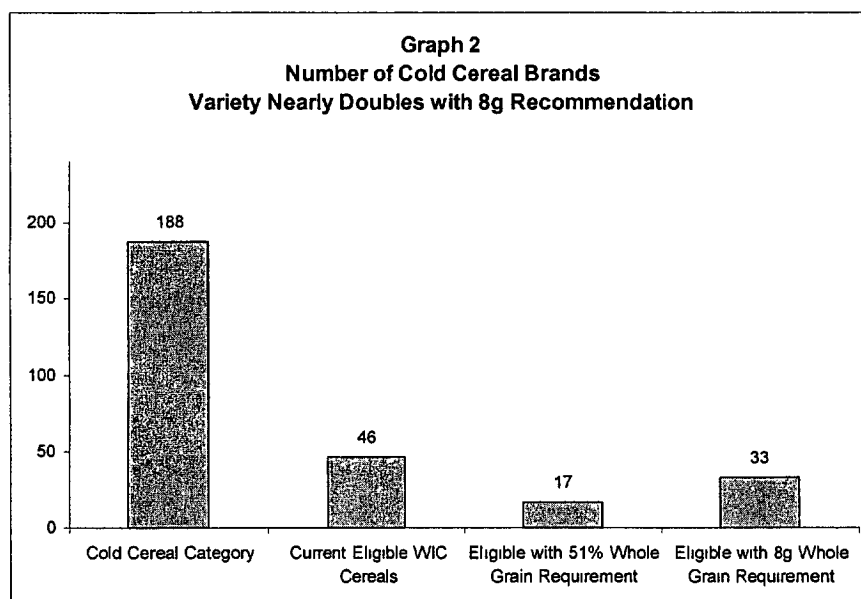
¹ USDA defines a "grain serving" as at least 16g of flour. Accordingly, a serving of whole grain would contain at least 16g of whole grain and three servings would provide at least 48g of whole grain (16g x 3 servings = 48g). The most frequently consumed grain food in US diets is white bread (NHANES 1999-2002). A USDA standard slice of white bread (1 oz) contains 16g of grain (a slice of 100% whole grain bread contain 16g of whole grain). Three servings of bread would provide 48g of grain. Other common grain foods such as rice, and certain ready-to-eat cereals and other lower moisture foods provide greater amounts of whole grain per serving. Thus, 48g can be viewed as a minimum amount of whole grain to be consumed daily. See more detailed explanation in Appendix 1 at pages 13-14.

ⁱⁱ A consortium of scientists, chefs and industry founded by Oldways Preservation Trust that works to increase the consumption of whole grains for better health. More information available at www.wholegrainscouncil.org.

ⁱⁱⁱ Based on a comparison of mean fiber content of current, 8g whole grain and 51% whole grain by weight of WIC-eligible cereals.

are well-liked, child-friendly brands such as Kix® and Post® Honey Bunches of Oats®.^{iv}

Importantly, establishing 8g of whole grain per serving as the minimum requirement would allow rice and corn-based cereals to remain in the WIC program. For example, General Mills Kix®, Country Corn Flakes®, Rice Chex®, and Corn Chex® would remain eligible in addition to Post Honey Bunches of Oats and Malt-O-Meal® Honey & Oat Blenders®. Our recommendation for an 8g standard expands variety for moms and children by providing popular cereals manufactured from the four main grain types - wheat, oat, corn and rice. It is important to retain cereals from all four grains in the WIC program to address child friendly cereals, cultural and ethnic preferences, as well as allergy concerns.



4. Eight grams of whole grain is technologically feasible for manufacturers

An 8g minimum whole grain requirement is an achievable standard manufacturers can meet while still fulfilling consumers' taste, texture, appearance and grain preferences. This is evidenced by the majority of nationally branded WIC-eligible cold cereals already containing at least 8g of whole grain per serving.

In 2004 General Mills embarked upon major reformulation of many of its Big G cereals in order to increase their whole grain content. The whole grain level of over 30 cereals was increased to ensure that every Big G cereal contains at least 8g of whole grain per serving. We were able to achieve the 8g objective in many cereals

® Kix is a registered trademark of General Mills, Inc.

® Post is a registered trademark of Kraft, Inc.

® Honey Bunches of Oats is a registered trademark of Kraft Food Holdings, Inc.

^{iv} Whole grain content analysis is estimated (based on package claims, nutrition and/or ingredient information) for all products other than those manufactured by General Mills. Branded cereals analyzed are those currently eligible for the WIC program manufactured by General Mills, Kellogg's, Post, Quaker and Malt-O-Meal. Only cold cereals are analyzed.

® Country Corn Flakes is a trademark of General Mills, Inc.

® Corn Chex, Rice Chex and Multigrain Chex are registered trademarks of Gardetto's Bakery, Inc.

® Malt-O-Meal is a registered trademark of the Malt-O-Meal Corporation.

® Blenders is a registered trademark of the Malt-O-Meal Corporation.

that previously contained little or no whole grain. However, this reformulation was not without technical challenges. Many of these products would not have been able to meet a 51% whole grain by weight requirement while still maintaining the taste and texture desired by consumers. Many of these reformulated cereals are WIC-eligible and included a wide variety of shapes, textures and grains including Kix®, Country Corn Flakes®, Rice Chex®, Corn Chex®, Multibran Chex® and Para Su Familia™ Raisin Bran.

5. Eight grams of whole grain allow variety, while offering states flexibility to approve cereals that best meet their participant and budget needs

State flexibility is a critical aspect of the WIC program, not only for participants but also as a means for budget management. A 51% whole grain requirement restricts the number of eligible cereals to 17, as stated previously. When there are too few choices in the marketplace, products can become more vulnerable to price increases. An 8g whole grain per serving standard would double the number of branded cereal products from which states can choose when compared to the proposed rule's requirement. In addition, as previously noted, the 8g standard also allows States to meet the ethnic and cultural needs and help address allergy concerns of their clients.

Regardless of what drives the decision to limit brands, the outcome is the same from a participant perspective – they have fewer cereal choices from which to choose. States have experienced participant dissatisfaction when limits are placed on their preferred choices, leading to unintended consequences. Indeed, as cited in a GAO report, “the practice of limiting food items can have a negative impact if participants do not select the food products or do not eat them.”⁽⁹⁾

In summary, we submit that 8g of whole grain per serving is dietarily significant, consistent with WIC's mission and goals, and makes it easier for individuals to meet the whole grain recommendation while staying within calorie needs. It also allows greater variety of cereals and grain types that is positive for both participants and State WIC programs.

III. Other Approaches Not Supported by General Mills

Given the unintended consequences resulting from the 51% whole grain by weight proposal, we expect that a number of approaches may be submitted during the comment period. General Mills does not support alternative approaches that would maintain the status quo, create exemptions for some products, redefine the 51% requirement in the WIC-eligible breakfast cereal and whole grain foods categories or fail to provide a meaningful amount of whole grain to WIC participants. In anticipation of some of these suggestions, we set forth our thoughts on why these approaches might be suggested and our rationale against supporting these approaches.

Importantly, we believe our 8g whole grain per serving recommendation resolves the primary concerns driving these approaches while also improving whole grain consumption. In short, the 8g level is a win-win alternative.

1. Approach 1: Require only half of WIC-eligible breakfast cereals to meet a whole grain requirement. This approach may be argued using the *Dietary*

⁹ Para Su Familia Raisin Bran is a trademark of General Mills, Inc.

Guidelines recommendation that states “at least half the grains should come from whole grains”. General Mills does not support this approach for the WIC program.

Reasons General Mills does not support Approach 1

- i. **WIC must remain true to its supplemental, prescriptive and educational mission by providing foods that deliver a significant level of nutrition to participants.**

As indicated in the *Dietary Guidelines*, Americans are far from meeting the recommended level of whole grain consumption. They do, however, meet total grain servings recommendations. The challenge is increasing the proportion of whole grains consumed while keeping total grain intake within recommended amounts. Therefore, it is important that **all** breakfast cereals in the WIC program contribute to whole grain intake.

Importantly, WIC participants consume breakfast cereals in addition to their WIC cereal allowance ⁽¹¹⁾. These cereals may not contain whole grain. It is incumbent upon the WIC program to positively influence the consumption of cereals that meet all of the WIC requirements. In addition, allowing half of the cereals obtained through the WIC program to be non-whole grain could result in client choices that do not contain whole grain and in WIC clients receiving a confusing and inconsistent nutrition education message from the Program. Finally, administering a “half and half” program, would be administratively challenging and divert valuable program dollars from food and education to administrative costs.

2. **Approach 2: Exempt certain breakfast cereals that do not meet the whole grain requirement because they address other concerns such as multicultural preferences, fiber intake or food sensitivities.**

Reasons General Mills does not support Approach 2

- i. **Multicultural sensitivity as a rationale for exempting corn and rice-based cereals.**

This argument may arise given that some current WIC-eligible corn or rice-based cereals (hot and cold) are popular among multicultural households.

Cold cereal is purchased by 93% of all U.S. households with an average consumer selecting two packages each time they purchase cereal.⁽¹⁰⁾ Many consumers have a preference for a particular cereal, but it is important to note that households, including multicultural households, select and enjoy many varieties of cereal. One of the WIC program's responsibilities is to encourage the consumption of cereals that will help address WIC's nutrition goals and be consistent with the *Dietary Guidelines*.

Exempting corn or rice-based cereals will send a conflicting nutritional message to WIC participants by reinforcing the unfounded belief that corn and rice products are not or can not provide a dietarily significant amount of whole grain, or worse, that whole grain is not dietarily important to certain ethnic groups. This confusion will be magnified given that these whole grains will be included in the new Whole Wheat bread or Other Whole Grains category.

An important consideration is the administrative complexity that would arise from such an exemption. Many cereals are comprised of multiple grains. Expecting either the USDA or each individual state to determine or categorize each cereal's grain type could be quite time consuming. Two examples are MultiGrain Cheerios® and Post® Honey Bunches of Oats® Honey Roasted. Both products contain all four grain types. The first ingredient in MultiGrain Cheerios® is whole grain corn and the second is whole grain oats. For Honey Bunches of Oats®, one might think that the prominent grain is oats. However, the most prominent ingredient is corn. Accordingly, it will be administratively complex and arbitrary to determine which grain category a particular cereal is best classified.

Most importantly, creating an exemption for corn and rice-based cereals will have the same effect as not implementing a whole grain requirement at all – in short, a status quo result. This is because the majority of current wheat and oat-based WIC eligible cereals already provide a dietarily significant amount of whole grain. It is corn and rice-based cereals that present the whole grain product development challenge, but as demonstrated earlier, the 8g solution creates a meaningful, yet achievable standard for manufacturers to reformulate products.

ii. Fiber as a rationale for exemption.

Fiber is referenced in both the *Dietary Guidelines* and the Institute of Medicine's *WIC Food Packages* report as a nutrient of need in the WIC population. Fiber is addressed in the proposed rule across multiple food categories including Fruits and Vegetables, Legumes, Breakfast Cereal and Whole Wheat Bread or Other Whole Grains.

Many people are confused about whole grains and fiber because fiber is one of the components of a whole grain. It is critical to understand that the benefit of consuming whole grains goes beyond dietary fiber. Fiber is among the many components in whole grains such as vitamins, minerals, phytoestrogens, antioxidants and phenols. These compounds work synergistically to provide the health benefits of whole grains, including reducing the risk of heart disease and certain cancers. While the exact mechanisms are not fully understood, evidence shows that even after controlling for fiber intake, the positive health benefits of whole grains remain.⁽¹¹⁾

Establishing a whole grain requirement will increase the fiber contribution of the WIC breakfast cereal category compared to the current WIC cereal package. Creating an exemption from the whole grain requirement because of fiber content is unnecessary because whole grain cereals contribute fiber. Importantly, **the fiber contribution of WIC breakfast cereals would be the same at an 8g or a 51% whole grain level.^v**

® MultiGrain Cheerios is a registered trademark of General Mills, Inc.

® Post is a registered trademark of Kraft, Inc

® Honey Bunches of Oats is a registered trademark of Kraft Food Holdings, Inc.

^v Based on a comparison of mean fiber content of current, 8g whole grain and 51% whole grain by weight of WIC-eligible cereals

An additional benefit of setting the whole grain requirement at 8g rather than the 51% level allows the inclusion of higher fiber bran cereals such as Kellogg's® Complete® All-Bran® Wheat Bran Flakes, Post® Bran Flakes, and General Mills Multibran Chex®. Therefore, General Mills is not supportive of allowing breakfast cereals that provide fiber but do not meet a minimum threshold of whole grain.

iii. Wheat sensitivity as a rationale for exemption.

Because corn and rice-based cereals would be eliminated by implementing the 51% requirement, some comments may recommend an exemption for these grain types by arguing that there are no breakfast cereal options for wheat sensitive participants.

Regardless of the whole grain requirement, a variety of oat-based cereals will remain in the program. Importantly, with the adoption of an 8g minimum requirement, corn and rice-based cereals remain eligible. Thus, there need not be a sacrifice of whole grain when wheat sensitivities exist.

iv. Nutritional benefits of corn and rice as a rationale for exemption.

Again, because of the impact a 51% whole grain requirement would have for rice and corn-based products, some comments may argue for placing a whole grain requirement on wheat and oat cereals only. As discussed earlier, a 51% requirement by weight or grain is problematic. Additionally, **setting separate requirements by grain type would be arbitrary and yield the same result as status quo** as most wheat and oat-based cereals currently deliver whole grain. Also, it would be administratively cumbersome and deliver a confusing and inconsistent nutrition message to WIC participants.

3. Approach 3. Establish the whole grain requirement to be 51% of the grain in the product as whole grain (rather than 51% by weight as proposed)

i. 51% of the grain being whole grain does not guarantee a minimum or consistent amount of whole grain per serving.

Breakfast cereals vary in their total grain content and may also contain a variety of other ingredients. Depending on these two factors, the amount of whole grain in the product will vary. Thus, this approach will result in an inability to guarantee a consistent or dietarily significant whole grain contribution to WIC participants.

If USDA chooses to take this approach, it will be incumbent upon the Agency to establish a minimum whole grain requirement. Again, we recommend that minimum amount to be 8g per serving, as FNS's sister agency, FSIS, has done.

The WIC program remains a nutritional food program in which the food packages serve to supplement participants' diets. The *Dietary Guidelines* emphasize increasing whole grain consumption and General Mills supports that goal. As shown above, the 8g whole grain requirement for breakfast cereals will help USDA achieve its whole grain goals in a realistic

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and effective way. **General Mills is not supportive of creating breakfast cereal exemptions if the product does not conform to all the nutritional requirements regardless of cereal form, grain type and other nutrition credentials.**

Conclusion-Breakfast Cereal Proposed Changes

General Mills supports the WIC program and many of the USDA proposed changes to the food packages. For breakfast cereals, we support maintaining the prescription amount, the iron and sugar requirements. We also applaud the addition of a whole grain requirement, but believe the 51% proposed level would have the unintended consequence of being overly restrictive by significantly limiting choice and variety in the program.

We recommend the adoption of an 8g whole grain minimum per serving for all breakfast cereals. This recommendation:

- Is consistent with the *Dietary Guidelines*;
- Provides a dietarily significant amount of whole grain and achieves USDA's objective for increasing whole grain consumption;
- Maintains four cereal grain types including corn, rice, wheat and oats;
- Ensures sufficient variety to meet the needs of WIC participants;
- Is consistent with the current science on whole grain;
- Is an amount adopted as meaningful by USDA's Food Safety and Inspection Service (FSIS);
- Is an achievable standard that manufacturers can meet while still fulfilling consumers' taste, texture, appearance and grain preferences; and
- Is a workable solution that does not create precedence for nutritional exemptions nor add unnecessary and costly administrative burden.

IV. Importance of Cereal

Fortified breakfast cereals have been and continue to be an important component in the WIC food package especially for iron contribution. Fortified breakfast cereals in the WIC food package provide iron to this population in a form that is convenient, relatively bioavailable, comparatively inexpensive, and easy-to-use and store. In addition, breakfast cereal is an ideal vehicle to deliver whole grain in conjunction with its important nutrient contribution.

General Mills believes strongly in the nutrition benefits that fortified cereals provide to WIC participants. Evidence indicates the iron-fortified cereals make a difference. Low-income children not enrolled in the WIC Program have lower iron intakes than those enrolled. They also have a higher prevalence of anemia. The Centers for Disease Control (CDC) Pediatric Nutrition Surveillance System (PedNSS) data from 1995 to 2004 reported that, although the overall prevalence of anemia in children declined from 15.9% in 1995 to 13.8% in 2004, it is still high among all racial and ethnic groups. This improvement is credited to the general improvement in iron intake among infants and children, and to the specific effect of public health nutrition programs such as WIC. PedNSS data indicates that anemia remains an area of concern and that public health programs like WIC need to support the promotion of adequate dietary iron intake and screening of children at risk for iron deficiency.⁽¹²⁾ In addition, as stated in the IOM report, a large body of literature suggests that WIC foods contribute to the adequacy of iron among low-income women, infants and children.⁽¹³⁾ Fortified cereal is the significant contributor of iron in the WIC food package.

General Mills agrees that the quantity of iron-fortified cereal per participant should remain at 36 oz. per month due to the importance of grains in the diet, the nutrient density of cereal, the eating patterns of the population and the scientific data indicating that iron deficiency remains a nutrition-related health risk for both children and women of reproductive age.⁽¹⁴⁾

Other important nutrients contributed by cereal

Iron is not the only benefit of fortified cereals to WIC participants. Fortified cold cereals provide children and women with an important overall nutrient edge with minimal fat, saturated and trans fat, and cholesterol. A 1998 study in the journal *Pediatrics* indicated that fortified cereals are the number one source of essential nutrients in a child's diet, like iron, zinc, vitamin A, B-vitamins and calcium.⁽¹⁵⁾

The *Dietary Guidelines* recommend the consumption of a variety of nutrient-dense foods among the basic food groups. Cereal is one of the most nutrient dense items in the WIC food package.

Importance of cereal and breakfast

Children are more likely to eat breakfast when cold cereal is offered. By including cold cereals in WIC, breakfast consumption is encouraged hence ensuring healthy habits are started before school age. Skipping breakfast can compromise children's intake of essential nutrients like calcium and may adversely affect cognitive function and performance at school.⁽¹⁶⁾

The most comprehensive study of the impact of breakfast on learning in Minnesota elementary schools showed that eating breakfast had significant positive effects on learning.⁽¹⁷⁾ Student attentiveness in class increased, discipline problems were cut by as much as 50%, math scores increased by as much as 16% and reading scores increased by as much as 10%.

Other benefits of eating fortified cereal among the WIC eligible population include:

- Women and children who eat cereal are less likely to skip breakfast than those who do not eat cereal.
- Women and children who eat cereal have lower fat and cholesterol intakes at breakfast and throughout the day than those who choose other breakfast options, and meet more of the recommended vitamin and mineral levels.
- Children who eat cereal consume more of the recommended servings of milk and dairy products than children who don't eat cold cereal.
- Children who eat cereal consume more of the recommended servings of whole grains than non-cereal eaters.⁽¹⁸⁾

Respectfully submitted,

Kathryn L. Wiemer MS, RD
Senior Manager
General Mills Bell Institute of Health and Nutrition

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Appendix 1

Support for 48g as Minimum Daily Whole Grain Intake

While there is no "Daily Value" for whole grains, both MyPyramid and the Dietary Guidelines recommend that consumers eat at least 3 "ounce-equivalents" (which equates to at least 48 grams) of whole grain a day (for a 2000 calorie diet). The amount of whole grain necessary in a food to qualify for a descriptive claim should be based upon these recommendations. In other words, FDA should use the MyPyramid "3 ounce-equivalents" as the functional equivalent of a recommended daily amount of whole grain. This provides the necessary benchmark for deciding how much whole grain is a meaningful amount.

In epidemiological studies examining whole grain intake, whole grain foods were classified in food frequency questionnaires based on the methods of Jacobs et al (1998) and Liu et al (1999). Whole-grain items included brown rice, dark breads, whole-grain ready-to-eat cereals, cooked cereal, popcorn, wheat germ, bran, and other grains. Classification of whole-grain ready-to-eat cereals was based on having 25% whole-grain or bran content by weight. (Refined-grain foods included white bread, white rice, English muffins, pancakes, waffles, cakes, sweet rolls, refined-grain ready-to-eat cereals, muffins and biscuits, and pizza.)

The majority of studies classified quintiles of whole grain intake by servings. These showed that the median intake ranged from 0.4 servings/d at the lowest quintile to 2.7 to 3.2 servings/d at the highest quintiles. Koh-Banerjee (2004) and Jensen (2004; 2006) calculated median whole grain intakes in grams per day as 3.0g to 8.8g for the lowest quintile and 42.7g to 43.8 g for the highest quintile. Jensen (2004) also reported a mean range of whole grain intake of 3.3g/d to 49.6 g/d for the lowest and highest quintiles.

Available studies show that risk reduction associated with consuming whole grain ranges from as little as 1 serving daily up to 3 servings per day. Comparatively, Koh-Banerjee and Jensen quantified whole grain intake and observed a benefit from a range of 42.7 to 43.8 g/d based on median intake, and 49.6 g/d based on mean intakes. Comparing the analyses of whole grain consumption only from products that would qualify for the FDA Whole Grain Health Claim ($\geq 51\%$ whole grain by weight) to the analyses of whole grain from all foods did not change the associated benefits. This suggests the health benefits of whole grain are independent of the whole grain concentration of the food source (Jensen et al, 2004) when total intake of whole grain is comparable.

Current dietary guidance recommends the consumption of at least 3 servings (or ounce-equivalents) of whole grain each day. Review of the scientific literature on the health benefits of whole grain also supports consumption of 3 servings per day, or a range of 42.7 to 43.8 g/d or 49.6g based on mean intakes. The most frequently consumed grain-based food in the American diet is white bread (NHANES 99-02). Applying the rationale that the reference weight for a standard size slice of commercial bread (26 g) contains 16 g of grain (USDA Pyramid Servings Database), 3 servings of bread would provide 48 g of grain, or in essence 48 g of whole grain.

Thus, the foundation of using the standard reference 16 g of whole grain per serving – the amount of grain found in whole grain bread – seems most practical in the context of what is the most commonly consumed grain food in the diet, and a minimum goal of consuming 48 g per day is recommended for a variety of health benefits.

Summary and Recommendation to Define 48g/day as the Recommended Daily Intake

These data consistently indicate consuming the equivalent of 3 servings (median 42.7-43.8g or mean 49.6g) of whole grain per day is nutritionally significant to reduce chronic diseases in certain populations. Consuming a minimum of 48 g of whole grains per day will not only help consumers meet the Dietary Guidelines' recommendations, but will also provide important health-promoting dietary components including fiber, vitamins, minerals, and other phytonutrients. We recognize that, just as the Dietary Guidelines are re-examined every five years to apply new science, the daily intake recommended for whole grains may change in the future as more precise studies link specific quantities of whole grain consumption to specific health benefits.

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October 11, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Proposed Rule

Dear Director Patricia Daniels:

As President and CEO of NewStar Fresh Foods, and a leader in the agricultural industry, I commend your efforts to promote healthy eating among millions of our nation's women and children with vouchers to purchase fruits and vegetables. I am writing today to strongly support the inclusion of all fruits and vegetables in the WIC Food Packages Proposed Rule, and encourage consideration of educational efforts to communicate the health benefits of improved nutrient intake provided by a diet rich in fruits and vegetables.

The recommended inclusion of fruits and vegetables to the WIC program is long overdue, and appropriately reflects current sound scientific principles on health and nutrition. These proposed reforms will directly combat the terrible obesity epidemic, which is disproportionately affecting low-income people who have limited access to healthy food. Repeated studies have proven that the benefit of eating fruits and vegetables in a well-rounded diet has been directly linked to the reduction in medical problems associated with poor nutrition: obesity, diabetes, heart disease and hypertension.

In addition, the inclusion of fruits and vegetables will allow for positive role-modeling from parents to children, especially in the early childhood years, where research shows that food preferences and eating habits are formed by the time children are three years old. Staggering statistics show that on any given day, 25-30% of infants and toddlers ages 9 -24 months do not eat *any* fruit servings, and 20-25% do not eat vegetables.* For these reasons alone, I urge you to consider educational efforts to communicate the sweeping revisions to the WIC voucher program, and the health benefits associated with a diet rich in fruits and vegetables.

In closing, I commend the U.S. Department of Agriculture (USDA) for the proposed addition of fruits and vegetables to help WIC mothers and their children increase produce consumption, and urge the USDA to issue a final ruling in adherence to the published recommendations, with additional consideration for educational efforts.

Sincerely,

Dave Eldredge,
President and CEO
NewStar Fresh Foods

*Produce for Better Health Foundation, State of the Plate: Study on America's Consumption of Fruits and Vegetables, 2003.

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October 10, 2006

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Patricia Daniels, Director
Supplemental Food Programs Division
FNS, USDA
3101 Park Center Drive Room 528
Alexandria, VA 22302

Dear Ms. Daniels:

Comments on RIN 0584-AD77 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions to the WIC Food Packages

Solae, LLC and its affiliates (Solae or The Solae Company), a soy ingredient company based in St. Louis, Missouri, commends the USDA for its proposed changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Allowing an increasingly diverse WIC population the option to choose from a wider variety of nutritious foods that fit within the patterns of food chosen for the subpopulation, will ultimately improve the nutritional status of at-risk pregnant, breastfeeding, and postpartum women, infants, and children.

Solae particularly commends USDA for inclusion of soy beverages ("soymilk"), calcium-set tofu, and canned legumes in the new WIC food packages since those soy foods are known to provide beneficial levels of calcium in a bioavailable form. The primary nutrient for which the dairy group has historically been included in WIC, and plans used to support the USDA and US nutrition policy since the early 1940's is calcium. As recently documented in the study conducted by Zhao et al (1), calcium levels present in soymilks currently available in the US marketplace provide adequate calcium levels per serving to provide nutritional equivalency to the dairy option in calcium content. We are pleased that under the proposed changes to WIC, participants would have readily available, reimbursable, food-based calcium options that fit a wide range of food choices based on preference, culture, religion and ethnic background. This change reflects that also changing nature of the population of the United States.

Solae appreciates the opportunity to provide specific comments on two areas of the proposed changes that we believe are not founded in nutritional science nor in scientific support- and thus should not frame the use of foods for the WIC program. These two areas are the:

1. Medical Documentation Requirement for Package IV (children—1 through 4 years)
2. Proposed protein requirement for soy beverages ("soymilk")

Medical Documentation Requirement for Package IV (children—1 through 4 years)

The Solae Company applauds the USDA for including calcium-set tofu and fortified soy beverages (“soymilk”) in Package IV. Due to cow’s milk allergies, lactose intolerance, vegetarian food preferences, cultural, and religious beliefs, Solae concurs with USDA that there is an increased need for non-dairy sources of calcium in the WIC packages. As mentioned above, we support this inclusion because it permits wider choice of foods and beverages among various groups in the population, and also because soymilk and calcium-set tofu are foods that provide appropriate levels of calcium per serving as historically recommended to meet nutritional needs of women and children.

Solae does not agree that the statement made by the Institute of Medicine (IOM) (2), expressing that children may be at nutritional risk if they replace milk with non-dairy substitutes, is scientifically factual. There is no scientific documentation provided to substantiate the need for medical documentation. The position of the American Dietetic Association is that both vegetarian and vegan diets are acceptable for children as well as both pregnant and breastfeeding women (3). Further, we note that the US government food guidance for policy, as set within the *2005 Dietary Guidelines*, states that non-dairy, calcium-containing alternatives should be used by individuals who do not consume milk products (4).

Fortified soy products contain high quality protein, calcium, vitamin A, vitamin D, riboflavin, phosphorus, and iron. Furthermore, soy products provide no cholesterol and are low in saturated fat. One of the goals stated in the WIC proposal is a reduction in saturated fat and cholesterol for children aged 2-4(5). Substituting soyfoods for other calcium containing food sources that contain increased saturated fat can help reduce the saturated fat and cholesterol content of the overall diet.

A primary reason for including soy products in the new WIC packages is to increase potential use of the program and WIC-provided foods within a population with increased cultural diversity. If a WIC participant chooses to feed her child a dairy-free diet due to cultural, religious or ethical reasons Solae does not believe that permission from a physician should be required since soy-based, dairy-free foods and beverages have been shown to be nutritionally equivalent in nutrients of concern to the WIC participants. The WIC is a program for low-income women and their children; a trip to the doctor to receive required medical “permission” in order to include soy-based products in their diets and the diets of their children is an unnecessary burden and expense that is not supported through medical or nutritional science. If the woman opts to avoid the doctor’s visit for these reasons, she may neglect to provide her child with a calcium source from any food or beverage.

Proposed protein requirement for soy beverages ("soymilk")

The Solae Company would also like to comment on the proposed protein requirement for soy beverages ("soymilk."). It appears that the rationale for inclusion of a minimum level of 8g/serving is that the protein level in dairy beverages averages 8g/serving; we question the need for this level as the benchmark. As commented before, fortified soy products are added to the WIC food provided/reimbursed, as a source of calcium for women and children that do not consume milk—not as a protein source. Protein is not an "at risk" nutrient for this population and as such, a minimum level of 8g protein/serving seems unwarranted. The proposed WIC packages contain more than adequate protein levels through the inclusion of protein-containing foods from the historic "meat group," including eggs, dried beans and peas, peanut butter and canned fish.

We also are concerned that at present no fortified soy beverages [milk(s)] on the market in the US contain the proposed 8g protein/8 oz. serving. The Proposal recognizes this issue for the marketplace and states that manufacturers will amend formulations to reach the minimum levels. Meanwhile, the lack of soy beverages on the market to meet the proposed protein minimum level will limit the ability of WIC participants from diverse populations to purchase soymilk(s) and easily could result in an inadequate dietary calcium intake. In the marketplace today exist a variety of fortified soy beverages that all provide adequate levels of other nutrients proposed for inclusion from this important food group. We strongly recommend that USDA consider revision of the proposal to include a potential range of protein levels possible per serving of soy beverage, with the understanding that the principle nutrient delivered from this food group is calcium. For example, the protein requirement for fortified soymilk(s) should be revised to reflect the protein levels of soy beverages existing in the marketplace today- we recommend consideration of a minimum of 6g protein per 8 oz serving of soy beverages. We strongly believe that this level will permit adequate protein intake from this food group, while also providing the important calcium source so often limited in this population. This level of protein allowance on a per serving basis, will allow WIC participants to purchase soy beverages in currently available in the marketplace, and also will permit a good nutritional contributor to be included in these diets once the proposed changes become part of the WIC program.

We again thank you for the opportunity to provide comment to these important revisions in the WIC food packages. Should you have any questions concerning these comments or require any clarification, please feel free to contact either of us directly.

Sincerely,

Solae, LLC

Sarah Jones, R.D., L.D.
Sarah Jones, R.D., L.D.

Sr. Technologist, Health and Nutrition Sciences
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Janet E. Collins, Ph.D., R.D.

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Director, Global Regulatory
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References

1. Zhao Y, Martin BR, Weaver CM. Calcium bioavailability of calcium carbonate fortified soymilk equivalent to cow's milk in young women. *J Nutr.* 2005;135:2379-82.
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3. Position of the American Dietetic Association and Dietitians of Canada: Vegetarian diets. *J Am Diet Assoc.* 2003;103:748-765.
4. Dietary Guidelines for America 2005, Chapter 2: Adequate Nutrients Within Calories Needs, found at:
<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter2.htm>.
5. Federal Register/Vol. 71 No. 1512/Monday, August 7, 2006/Proposed Rule, page 44789.



Western Family Foods, Inc.

OCT - 4 2006

October 4, 2006

Patricia N. Daniels
Director
Supplemental Foods Program Division
Food and Nutrition Service - USDA
3101 Park Center Drive
Room 528
Alexandria, Virginia 22302

Dear Ms. Daniels:

Western Family Foods, Inc. supports the proposed changes to the WIC Food Package. These changes will bring the WIC Food Packages inline with the Dietary Guidelines for Americans - 2005.

We believe that the addition of fruits and vegetables will benefit the overall health of WIC participants. The advantages of canned and frozen fruits and vegetables compared to fresh are:

- Longer shelf life both at the store and at home.
- Easy to prepare.
- Smaller serving size so there is less waste and spoilage.

We support the expansion of the canned fish category to include canned sardines, salmon and pouch packed tuna. Please consider additional items that are comparable nutritionally: canned chicken meat, canned oysters, canned smoked oysters, canned shrimp and canned kippered snacks (herring.)

The proposed rule permits soymilk as a substitute to regular milk. Please clarify if soymilk is required to be shelf stable or refrigerated and if flavored soymilk is permitted.

Western Family supports the addition of canned beans and reduced fat peanut butter to the WIC Food Packages. Canned beans are easy to use and are packed in smaller serving sizes, which will reduce waste and spoilage.

We disagree with the changes to the cereal program – specifically the requirement to restrict cereals to 51% whole grains. This requirement will remove corn and rice based cereals from the program and will reduce the overall number of cereals available to WIC participants. The removal of corn and rice based cereals will leave those participants on gluten restricted diets (Celiac Sprue or Autism Spectrum) without a single cereal option. Reduced cereal variety could decrease acceptance and overall consumption rates. Increasing whole grain consumption should be focused on the new whole wheat bread category.

Western Family commends the USDA for reviewing the WIC Food Packages and considering such broad and culturally diverse changes.

Sincerely,

WIC Coordinator



I-48

AUG 30 2006

Dr. Patricia Ann Daniels,
Director, Supplemental Food Programs Division,
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

August 30, 2006

Re: Proposed Rule: Revisions in WIC Food Packages

The WIC Program was conceived to safeguard the health of low-income women, infants and children up to age 5, who are at nutritional risk by providing nutritious foods to supplement their diets. A 1990 review showed that women who participated in the program during their pregnancies benefited greatly compared to women who did not.

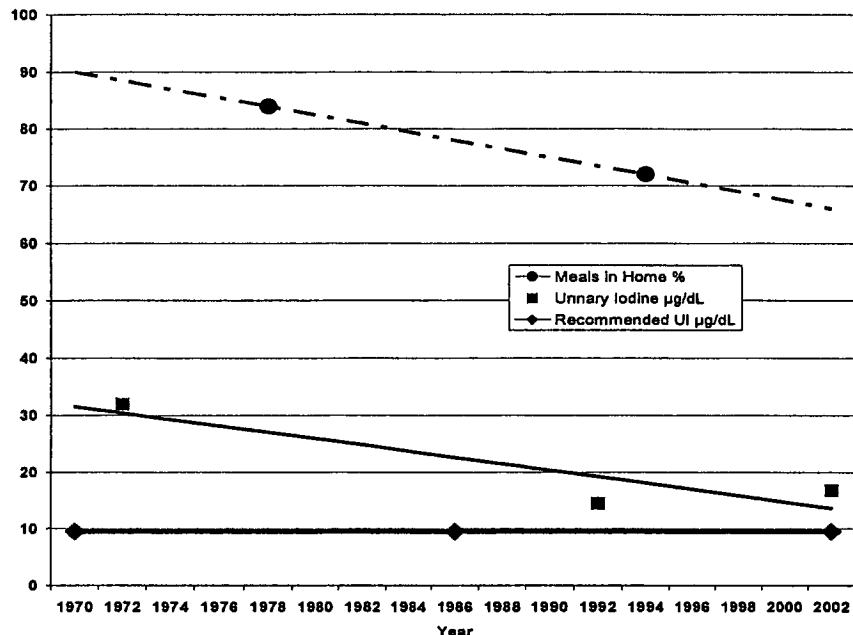
In the same year, the 1990 World Summit for Children made infant and child nutrition its highest priority. Motivated by the devastating impact of iodine deficiency on the physical and mental retardation of children, UNICEF, WHO and several other organizations made a commitment to eliminate this problem through universal salt iodization.

In the United States, since 1924, the most consistent and reliable source of iodine intake has been table salt. This public health intervention was not the result of government legislation, but rather a commitment on the part of the salt industry to make iodized salt available to consumers, at no additional cost. In fact, few public health interventions have produced the extraordinary degree of success and public benefit as the iodization of table salt.

Over the last 30 years, however, the National Health and Nutrition Examination Surveys (NHANES) have demonstrated a dramatic drop in iodine consumption. The median urinary iodine excretion in adults declined from 320 µg per liter in 1971-1974 to 145 µg per liter in 1988-1994 and 168 µg per liter in 2001-2002. Even more disturbing, in pregnant women, the frequency of moderate iodine deficiency (considered to be a level of urinary iodine excretion less than 50 µg per liter) jumped from 1 percent in 1971-1974 to 7 percent in both the 1988-1994 and 2001-2002 surveys. While the current levels are not low enough to declare a public health emergency, the continuing trend is a matter of great concern.

While consumer table salt is iodized, commercial food grade salt used in the food industry is not (unless specifically requested). The drop in iodine consumption that is evident from the NHANES data reflects the decreasing trend in meals eaten within the home over the last 30 years. When data on the number of meals consumed within the home is plotted against the decrease in urinary iodine

output two perfectly parallel lines result. As the meals eaten within the home have been replaced by meals eaten away from home, a replacement of iodized table salt with non-iodized salt has occurred.



As WHO has so often stated, iodine deficiency at critical stages of development in fetal life and early childhood remains the world's single most important and preventable cause of mental retardation. It is therefore worthy of the highest consideration in the WIC program – not only with reference to the supplemental foods consumed by pregnant women and children, but also to the nutritional information given to mothers. Yet, the word iodine and its contribution to childhood nutrition does not appear anywhere in the proposed revision of WIC Food Packages.

Faced with the evidence of decreased iodine consumption and a knowledge of the vital importance of iodine to fetal and early childhood nutrition, I believe that it would be prudent to recommend the use of iodized salt in all foods endorsed for WIC food packages. It is also very important to make certain that pregnant women and mothers be aware of the importance of using salt that is iodized when preparing foods.

I hope that you will give the above recommendations you serious and positive consideration.

Sincerely,

Morton Satin
Director, Technical and Regulatory Affairs
Salt Institute